



Missouri Dental
ASSOCIATION

Classified Ad Payment Form

Contact Information			
Name			
Billing Address			
City		State	Zip
Phone		Email	
MDA Member <input type="checkbox"/> Yes <input type="checkbox"/> No		ADA #	

Credit Card Payment Information (MC/VISA/DISC Only – NO AMEX)		
Credit Card Number (Provide 16-digit # below)	Exp Date	CSV #

Return Completed Form: Fax 573-634-0764 or Email melissa@modentalmail.org or call 573-634-3436, Extension 103 with credit card information. MDA will not bill for credit card placement and will not place ad online or in website until payment is received.

Rates: MDA Members – Receive one 40-word placement free of charge; otherwise, \$30 for 40 words; 50 cents each additional word. Non-Members – \$60 for 40 words; 50 cents each additional word. Once ad is received, rate will be calculated and charged to above credit card. Email provided above will be sent a credit card receipt once charged.